Sir,—Professor O'Driscoll (1975) is to be congratulated on his admirable restraint in the use of pethidine in labour. However, it is an unfortunate fact that most obstetricians still find it necessary to prescribe narcotics, frequently combined with tranquillizers and sedatives, in spite of the considerable evidence of the harmful effects of these drugs on the condition of the neonate at birth, on infant morbidity, and on the behaviour of the neonate in the first few weeks of life.

Attempts to persuade obstetricians to reduce or abandon the use of these drugs are fruitless unless accompanied by a realistic alternative and, in most countries, that alternative is extradural analgesia. It would be unfortunate if the comments made by Professor O'Driscoll with regard to this technique should cause any reversion to the use of narcotics in labour, since many of his statements are based on hearsay rather than on fact.

Perhaps the most misleading comments in the article are those which refer to the effects of local anaesthetic agents on the foetus and neonate. To state that extradural block may have effects on the baby which can be detected at 1 year of age is untrue. Scanlon (1974a), examining babies born to mothers who received extradural block with either mepivacaine or lignocaine, found some of them to be "floppy but alert" and reported occasional behavioural disorders, although of a mild and short-lived nature compared with those seen following small doses of pethidine. None of these data refers to bupivacaine, which is now the drug of choice, and which Scanlon (1974b) has shown to be without effect on the neonate. Probably because of its short half-life (less than 20 min), and maternal/umbilical vein ratio of 4 : 1 (not 1 : 1 as stated by O'Driscoll), babies whose mothers received extradural analgesia with bupivacaine are not appreciably different from babies whose mothers received no analgesia (Scanlon, 1974c).

Thus, for the first time we are able to offer high quality pain relief in labour in the knowledge that it is having no adverse effect on the foetus. The late deceleration dips, seen in some series but not in others (Noble et al., 1971), are surely only the increased sensitivity of the un-narcotized mother/child relationship and future development has yet to be elucidated. Recent medical history suggests that it would be unwise to anticipate a favourable result. Although bupivacaine is now generally accepted as the drug of choice in extradural block, there is no fundamental difference between bupivacaine and the other drugs named, and account must be taken of dose, duration of exposure and susceptibility of the individual patient, in this case the child.

In conclusion, it must be emphasized that nowhere in my article was it implied that extradural block should be abandoned, merely that it should be used with discretion and not to bolster a low level of obstetric care.

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REFERENCE